



City of Santa Barbara
Planning Division

Architectural Board of Review (ABR) Supplemental Application

(FOR SUBSEQUENT FILINGS ONLY - INITIAL FILINGS USE MASTER APPLICATION)

Community Development
630 Garden Street
805-564-5578



Date _____
Fee _____
Staff _____

PROJECT STREET ADDRESS: _____

DATE OF LAST ACTION: _____ MST #: _____

DESCRIBE REQUEST, LAST ABR REVIEW AND CHANGES MADE SINCE THEN:

(Requests will not be accepted without a COMPLETE description of request and changes. Only the changes listed below will be considered for approval.)

LEVEL OF REVIEW

FULL BOARD		CONSENT CALENDAR	
<u>CONCEPT CONTINUED</u>	<input type="checkbox"/>	<u>CONTINUED</u>	<input type="checkbox"/>
<u>PRELIMINARY</u>	<input type="checkbox"/>	<u>PRELIMINARY</u>	<input type="checkbox"/>
<u>IN-PROGRESS</u>	<input type="checkbox"/>	<u>FINAL</u>	<input type="checkbox"/>
<u>FINAL</u>	<input type="checkbox"/>	<u>REVIEW AFTER FINAL</u>	<input type="checkbox"/>
<u>REVIEW AFTER FINAL</u>	<input type="checkbox"/>	☞ 1 copy of plans required at time of submittal.	
☞ 3 copies of plans required at time of submittal.			

NAME OF PERSON TO CONTACT: _____

ADDRESS: _____
_____ ZIP CODE: _____

TELEPHONE: _____

DATE: _____

SIGNATURE OF PROPERTY OWNER/AUTHORIZED AGENT: _____